

**Trauma System Oversight and Management Committee**  
**The Hilton Garden Inn**  
**Richmond, Virginia**  
**June 7, 2007**  
**11:00 am**

<b>Members Present:</b>	<b>Staff:</b>	<b>Guests:</b>
Morris Reece – Chair	Paul Shape	Susan Bergstrom
Sonia Cooper	Russ Stamm	
Kathy M. Butler	Jodi Kuhn	
Rao Ivatory	Wanda Street	
Valeria Mitchell		
LouAnn Miller		
Kevin Dwyer		
Stanley Heatwole		
R. Bland Lawson		
Mindy Carter		
Raymond Makhoul		
Susan Ward		
Leonard Weireter		
Andi Wright		
Chris Price		
Elton Mabry		
Nancy Martin		

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Trauma Nurse Coordinators Meeting:</b>	Discussion was held between 10 a.m. and 11 a.m. The Trauma Coordinators discussed TICP at length and they have a couple of options to discuss with Morris, Dr. Gilbert and Bobby Baker.	
<b>Call to order:</b>	Meeting was called to order by Mr. Reece at 11:00 a.m.	
<b>Introduction of first time guest:</b>	Susan Bergstrom the new Trauma Coordinator from Mary Washington Hospital.	
<b>Approval of Minutes from March 1, 2007 Meeting:</b>	Change under Trauma Center Updates Lynchburg Gen. Hosp. Beginning with the sentence, “There is a new orthopedic surgeon...” This paragraph is Radford University’s report given by Patrick Earnest.	Minutes were approved as amended.
<b>Chair/Vice-chair Report:</b>	No report from Mr. Reece.	
<b>OEMS Update:</b>	<b>Trauma Coordinators Report – Paul Sharpe</b> General Office of EMS Issues: <ul style="list-style-type: none"> <li>At the last meeting we asked for your thoughts concerning the move of the Office of EMS to Public Safety, becoming a separate entity equivalent to the Department of Health, remaining where it is or other possibilities. It is still actively being discussed. The Department of Health does not support</li> </ul>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>OEMS moving. The EMS Advisory Board members had a day long retreat to discuss the benefits of moving the OEMS. The participants weighed the pros and cons of moving the Office. The audience was predominately fire service members.</p> <ul style="list-style-type: none"> <li>• It has been decided that the OEMS Training/Educational Development and Emergency Operations Divisions will be moved out of the Madison Bldg to a location that provides better access to these programs by the public.</li> <li>• There is an ongoing study of the Regional EMS Council structure. This study should be completed by mid July and report findings will be distributed. The purpose of the study is to evaluate how the regions are serving the EMS system in Virginia and if there are ways to improve upon this process. Major topics of discussion include changing the current number of councils, changing the geography of the regions, should there be regional state offices etc.</li> <li>• The current EMS Regulations are being reviewed by the Attorney Generals Office and will be presented to the Board of Health on July 20th. Trauma/Critical Care's contribution to the EMS Regulations is limited to the Medevac Regulations which underwent a significant revision. There are also two new sections covering Regional Council, and Rescue Squad Assistance Funds (RSAF) regulations.</li> <li>• A new EMS for Children Coordinator has been hired and will be a member of this committee. Mr. David Edwards, formerly with Richmond Ambulance Authority, has filled this position and will be a great addition to the office and this meeting.</li> <li>• OEMS is also trying to add a Performance Improvement Coordinator to the Trauma/Critical Care program. This position is envisioned to serve as a liaison between hospitals and EMS agencies to put the data contained in the Trauma Registry and PPCR to more use. It is currently listed in the state recruiting system. There was some discussion on IRBs and Paul agreed to send more information on this.</li> <li>• At the Attorney General's OEMS representative, Robin Kurz, has been part-time and shared between six programs within VDH. She has been replaced with Mr. Matt Cobb who is full-time. OEMS has multiple projects awaiting review by the AG's Office and hopes to see a faster turn around time with a full time staff person dedicated OEMS.</li> <li>• At the request of Paul, all aspects of the trauma system, designation, trauma triage, and the trauma fund were sent to the Attorney General's representative for evaluation to assure they were in compliance with state law. This was done because during the development of the proposed Medevac regulations, OEMS included a site review process. OEMS was advised that it could not use a site review team because it would consist of "non-state employees performing inspections". This raised the question of how can OEMS use non-state employees for trauma site reviews. The review by the AG was that all aspects of the trauma program have been promulgated appropriately.</li> <li>• On June 30, OEMS will update the Trauma Center Fund percentages for FY08. This will be the first time Trauma Registry data will be used to establish the percentages. Centers are reminded to assure their compliance with calendar year 2006 submissions prior to June 30.</li> <li>• Trauma Performance Improvement Committee, this committee will have a new chair appointed by Mr. Reece. There was discussion on the committee maintaining its focus on the <i>Code of Virginia</i> requirements for trauma triage.</li> </ul>	<p><b>Regional Council Study report will be distributed by Paul once study is complete.</b></p> <p><b>Paul will send out the Virginia Statewide Trauma Registry (VSTR).</b></p> <p><b>Paul will go forth with this grant for a consultation team.</b></p> <p><b>Mr. Reece to appoint new Chair for Trauma PI.</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p><b>Two HRSA Grant Initiatives – Paul Sharpe</b>  There is an effort to increase hospital capabilities in the rural trauma environment. The initiatives talks about rural critical access hospitals (CAH). There are seven in Virginia. One initiative talks about assessing the trauma system using the BIS survey and/or undergoing a COT state survey.</p> <p>Another initiative encourages states to provide a level of trauma designation for rural hospitals so they may be designated as a trauma center. Essentially this would mean the development of a level IV designation. The committee supported exploring this and believed this could be looked at during the COT review and also that any hospital should be afforded the opportunity to seek this designation, not just rural hospitals. All parties agreed.</p> <p><b>Statistician Report – Jodi Kuhn</b>  OEMS is seeking to hire a Performance Improvement person and hopefully once they come on board we will have an entire Performance Improvement committee. Still working on the Trends document for this year. If anyone has suggestions for content let me know. Will start the Trauma portion in July after all of 2006 data has been submitted. Also, let me know if you are interested in your Trauma Fund e-codes relevant to your hospitals. Dr. Kevin Dwyer wanted to know how he can get more information on patient outcomes. Jodi responded by telling him that she could assist him with that.</p> <p><b>Web Based Trauma Registry Update – Russ Stamm</b>  PPCR version 5.4 upgrade was implemented; however, it did not go as smoothly as expected. The last quarterly review showed five non-compliant hospitals. The number is down to one after communicating to the hospitals that they were non-compliant.</p>	<p><b>OEMS will submit the request for funding through the Office of Health Planning and Policy for a COT review.</b></p>
<p><b>Trauma Center Updates:</b></p>	<p><b>INOVA Fairfax (Kevin Dwyer)</b> – Maureen officially retired. New coordinator is Denise. Hired another surgeon from Dayton, OH. Now have 8 trauma surgeons. Hired another neurosurgeon to start soon. Hired a pediatric neurosurgeon. One of our orthopedic trauma surgeons is leaving and going back to New Orleans. We are looking to replace him.</p> <p><b>TJEMS (Chris Price)</b> – Executive Director of TJEMS in Charlottesville, from Pittsburg area.</p> <p><b>CJW (Mindy Carter)</b> – We have been working steadily toward our review date of September 18. Made some huge strides in the performance improvement areas. Hired a Performance Improvement Data Analyst, her expertise is in coding and she is a member of the national coding board.</p> <p><b>SNGH (Valeria Mitchell)</b> – Currently planning our Trauma Symposium October 15 &amp; 16. Increase in burn patients and outpatient volume has increased as well. Also, we are starting to see more trauma patients with serious psychiatric issues and not knowing where to place them when they no longer need medical care. This would be a great topic to discuss further.</p> <p><b>SRMC (Elton Mabry)</b> – Our new hospital is being built and is pretty much on track. They are gearing toward being trauma ready and will include a helipad or two. Still correcting deficiencies from state review. We have until July 25. This Saturday, June 9 we will have our 2nd annual EMS Training at Crater Community Center. There is an unbelievable amount of army patients being seen from Fort Lee who have</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>served in the Iraq war.</p> <p><b>VCU (Rao Ivatory)</b> – Held Trauma Symposium April 30. Our neurosurgeon is leaving. We will be looking for a new neurosurgeon. Also looking to hire a new nurse coordinator.</p> <p><b>RRMC (Lou Ann Miller)</b> – Had symposium in March with a good turn out. Working on next year's. On May 24<sup>th</sup>, we participated in the "Every 15 minute Injury Prevention Program". Have been seeing and increase in penetrating trauma lately. Riverside is still looking for physician extenders that's either a PA or nurse practitioner and have been advertising since January.</p> <p><b>CJW (Raymond Makhoul)</b> – No report.</p> <p><b>RRMC (R. Bland Lawson)</b> – No report. Had to leave for an appointment.</p> <p><b>VCU/MCV (Nancy Martin)</b> – Interviewing for an injury prevention coordinator tomorrow. Also will hire another attending physician. Next Trauma Nurse Symposium will be in October 2008. Trauma Symposium- "Women in Trauma" went very well. Our Critical care bed tower should open the Fall of 2008.</p> <p><b>Sentara VA Beach (Sonia Cooper)</b> – Dr. West is retiring as of June 30. Just hired another trauma surgeon so we still have 12 in rotation. Undergoing major construction that should increase our ED beds from 28 to 42. We participated in the "Every 15 minute Injury Prevention Program". As of January 08 the facility will be tobacco free. During our Drive Safe Program on campus, 83% wore seat belts. TNCC Courses Aug. 2-4. Initiating a trial with a pelvic binding company for fractures.</p> <p><b>UVA (Kathy Butler)</b> – We had an interesting request from Kuwait. The ambassador contacted us because they needed to develop a trauma center and system and they wanted to come to hospitals in the US. They had already visited the other three hospitals on the list. Paul gave a presentation on the state system. UVA has fully implemented the TRACCS program for pre hospital and transfer hospital follow up. TRACCS means Trauma Confidential Communications Service. This is what we are using to enable providers to call a number to hear follow up information on a patient they have sent to us. Must use either the medical record # or PPCR # in order to use the system. The challenge is to be sure to get the pre-hospital paperwork. Went to Emergency Preparedness State Forum. We were just notified that the HRSA grant funds were approved.</p> <p><b>CRMH (Andi Wright)</b> – Two new surgeons will start July 1. Posted three positions for Trauma Nurse Specialists. Hiring three more PAs. We will hire a Nurse Practitioner to help with clinics. Scheduled to open brand new ED in September.</p> <p><b>Virginia ACEP (Stan Heatwole)</b> – No report.</p> <p><b>VHHA (Susan Ward)</b> – I'm very interested in comments concerning trauma patients with psychiatric issues. There are several ongoing studies being conducted and we expect some recommendations with the next several months to a year. The Joint Legislative Audit and Review Commission is studying the impact of funding needs of private psychiatric providers and hospitals. Another issue is nursing home patients that are being transferred to hospitals or emergency departments with psych issues and the nursing home doesn't take them back and they end up spending a long time in the hospitals. This is really high on the agenda.</p> <p><b>SNGH (Leonard Weireter)</b> – Trauma Symposium focusing on disaster management in October. Also we have a dirty bomb drill two or three times annually.</p> <p><b>Morris</b> – Mr. Reece asked if the committee members would like to hear about the Lessons Learned from the VT Shooting incident at the September meeting. Members welcomed the gesture.</p>	
<b>Old Business</b>	Kathy had a concern about knowing how many of the hospitals are on diversion on Web EOC. Mr. Reece	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>New Business</b>	<p>reported that this was a great tool during the VT Incident.</p> <p>Dr. Ivatory stated that VCU would like to try a new approach to hire a non-surgical physician trained in shock trauma and intensive care. Currently this is not allowed in the state regulations. He is asking that this be considered on a trial basis as long as we certify that this is done only in a level I trauma center. Other committee members support this method; however, they feel that a trauma surgeon still needs to be present. Dr. Ivatory stated that the attending or appropriate resident would still be present and only that the mid-level would be acting as the lead person during the resuscitation. Paul stated that he thinks it is fine to do a trial run and he'd be interested in hearing how ACS also views this and this will be additional information available during the next review of the criteria. Dr. Ivatory plans to start this in July and report his findings at the December meeting.</p> <p>Nancy had a concern about the use of mid level providers for initial resuscitation patients. How many facilities are using mid level providers for initial resuscitation patients and is this an acceptable practice? As long as there is someone in the room with surgical ability to provide proper supervision was the conclusion. This may be a topic to be discussed in further detail at the Trauma conference possibly to be held in the fall.</p>	<p><b>VCU to present the results of this trial by the December 2007 committee meeting.</b></p>
<b>Adjournment</b>	Meeting was adjourned at approximately 2:10 p.m.	